

Form

Department of the Treasury - Internal Revenue Service

1040A**U.S. Individual Income Tax Return**

(99)

2006

IRS Use Only - Do not write or staple in this space.

Label (See page 18.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial Test J	Last name Caesar	OMB No. 1545-0074		
		If a joint return, spouse's first name and initial Cleo P	Last name Caesar	Your social security number 400-00-7512		
		Home address (number and street). If you have a P.O. box, see page 18. 15 Ides of March Pkwy		Apt. no.	Spouse's social security number 400-00-7595	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. Scottsdale AZ 85250		You must enter your SSN(s) above.		
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18)			Checking a box below will not change your tax or refund.	

Filing status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▼	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 19)

Exemptions					Boxes checked on 6a and 6b 2
6 a <input checked="" type="checkbox"/> Yourself If someone can claim you as a dependent, do not check box 6a.					No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see page 22) Dependents on 6c not entered above Add numbers on lines above 4
b <input checked="" type="checkbox"/> Spouse					
c Dependents:					
(1) First name Last name Sally Caesar Julius Brutus	(2) Dependent's social security number 400-55-7592 500-55-7593	(3) Dependent's relationship to you Daughter Son	(4) Check if qualifying child for child tax credit (see pg. 21) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
d Total number of exemptions claimed.					

Income Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 24. Enclose, but do not attach, any payment.	7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	2,000
	8 a	Taxable interest. Attach Schedule 1 if required.	8a	390
	b	Tax-exempt interest. Do not include on line 8a.	8b	
	9 a	Ordinary dividends. Attach Schedule 1 if required.	9a	
	b	Qualified dividends (see page 25).	9b	
	10	Capital gain distributions (see page 25).	10	
	11 a	IRA distributions.	11a	
	11 b	Taxable amount (see page 25).	11b	
	12 a	Pensions and annuities.	12a	
	12 b	Taxable amount (see page 26).	12b	
13	Unemployment compensation, Alaska Permanent Fund dividends, and jury duty fees.	13		
14 a	Social security benefits.	14a		
14 b	Taxable amount (see page 28).	14b		
15	Add lines 7 through 14b (far right column). This is your total income .	15		2,390
Adjusted gross income	16	Penalty on early withdrawal of savings (see page XX).	16	
	17	IRA deduction (see page 28).	17	
	18	Student loan interest deduction (see page 31).	18	
	19	Jury duty pay you gave your employer (see page XX).	19	
	20	Add lines 16 through 19. These are your total adjustments .	20	
21	Subtract line 20 from line 15. This is your adjusted gross income .	21		2,390

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.

EEA

Form 1040A (2006)

Name(s) shown on page 1

Test J & Cleo P Caesar

Your social security number

400-00-7512

Tax,
credits,
and
payments

22 Enter the amount from line 21 (adjusted gross income). 22 2,390

23a Check ☐ You were born before January 2, 1942, ☐ Blind } Total boxes
if: ☐ Spouse was born before January 2, 1942, ☐ Blind } checked ☐ 23a ☐b If you are married filing separately and your spouse itemizes
deductions, see page 32 and check here ☐ 23b ☐24 Enter your **standard deduction** (see left margin). 24 10,300

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 0

26 If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,
see page 33. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 26 13,20027 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.
This is your **taxable income**. ☐ 27 028 **Tax**, including any alternative minimum tax (see page 34). 28 029 Credit for child and dependent care expenses.
Attach Schedule 2. 2930 Credit for the elderly or the disabled. Attach
Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 38). Attach
Form 8901 if required. 3334 Add lines 29 through 33. These are your **total credits**. 34

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35 0

36 Advance earned income credit payments from Form(s) W-2, box 9. 36

37 Add lines 35 and 36. This is your **total tax**. ☐ 37 0

38 Federal income tax withheld from Forms W-2 and 1099. 38

39 2006 estimated tax payments and amount
applied from 2005 return. 3940a **Earned income credit (EIC)**. 40a 689

b Nontaxable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812. 41

42 Credit for federal telephone excise tax paid.
Attach Form 8913 if required. 4243 Add lines 38, 39, 40a, 41, and 42. These are your **total payments**. ☐ 43 689

Refund

Direct
deposit?
See page 53
and fill in
45b, 45c,
and 45d or
Form 8888.

44 If line 43 is more than line 37, subtract line 37 from line 43.

This is the amount you **overpaid**. 44 68945a Amount of line 44 you want **refunded to you**. If Form 8888 is attached, check here ☐ 45a 689b Routing number 1 2 3 4 5 6 7 8 0 ☐ c Type: ☒ Checking ☐ Savingsd Account number 0 8 7 6 5 4 3 2 1 ☐46 Amount of line 44 you want **applied to your**
2007 estimated tax. 46Amount
you owe47 **Amount you owe**. Subtract line 43 from line 37. For details on how
to pay, see page 54. ☐ 47

48 Estimated tax penalty (see page 54). 48

Third party
designeeDo you want to allow another person to discuss this return with the IRS (see page 55)? ☒ Yes. Complete the following. ☐ NoDesignee's name Phone no. Personal identification
number (PIN) ☐ 1 0 0 0 1

Eddie Ensley III

Sign
hereJoint return?
See page 18.
Keep a copy
for your
records.Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my
knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration
of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.Your signature Date Your occupation
Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation
Daytime phone number
worker
teacher
480-555-5430Paid
preparer's
use onlyPreparer's signature Date Check if self-
employed ☐ Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Smiths Law Firm
1231 Jacobs Avenue, Suite 3
Scottsdale AZ 85250
EIN
Phone no.
886-86-8681

2006

95 ☐ Check this box if amended for year 2006

YOUR FIRST NAME AND INITIAL 1 Test J		LAST NAME Caesar	YOUR SOCIAL SECURITY NO. 400-00-7512
IF A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL 1 Cleo P		LAST NAME Caesar	SPOUSE'S SOCIAL SECURITY NO. 400-00-7595
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2 15 Ides of March Pkwy		DAYTIME PHONE (with area code) 480-555-5430	YOUR DATE OF BIRTH 79 10-15-1958
HOME ADDRESS CONTINUED 2		HOME PHONE (with area code) 94 480-666-1001	Check this box if: 82F <input type="checkbox"/> Filing under extension
CITY, TOWN OR POST OFFICE 3 Scottsdale, AZ 85250		FOR DOR USE ONLY	

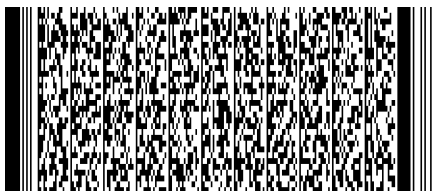
Qualifications for Credit (Check the boxes that apply):

- 4 On December 31, 2006, were you renting or did you own?
If you own a mobile home but rent the space, check "Rent" 4 ☒ Rent ☐ Own
- 5 Were you an Arizona resident for all of 2006? If "No",
STOP. You do not qualify 5 ☒ Yes ☐ No
- 6 Did you pay property taxes on your home, pay rent, or pay a
combination of both in 2006? See instructions for
qualifications. If "No", **STOP**. You do not qualify 6 ☒ ☐
- 7 Is this the only Property Tax Refund being claimed in your
household? If "No", **STOP**. You do not qualify 7 ☒ ☐
- 8 Were you age 65 or older in 2006? Enter your birth date in
box 79 above 8 ☐ ☒
- 9 Did you receive Title 16, SSI payments in 2006? If "Yes",
attach proof. If you answered "No" to both 8 and 9,
STOP. You do not qualify. 9 ☒ ☐

88

81

80



Income

10 Enter amt from pg 2, Part I, line J, col 4	10	3,390	00
Credit			
11a If you lived alone, enter credit from Sch I and check this box 11a <input type="checkbox"/>	11	368	00
11b If you didn't live alone, enter credit from Sch II and check this box 11b <input checked="" type="checkbox"/>	11	368	00
12 If you own your property, enter property taxes paid during 2006. (Attach proof) 12	12		00
13 If you rented, enter tax from Form 201 13	13	1,000	00
14 Total. Add lines 12 and 13 14	14	1,000	00
15 Tax Credit: Smaller of line 11 or line 14	15	368	00

- 16 If you have been claimed as a dependent on anyone else's tax return, complete the following:

Name of taxpayer who claimed you:

Social Security No.:

Address:

If you are not claimed as a dependent on anyone else's tax return, complete Part II.

If someone else claims you as a dependent, skip lines 17 and 18, and complete line 19.

- 17 Credit for increased excise taxes from Form 140PTC, page 2, Part II, line 6 17 100 00
- 18 Enter the number from page 2, Part II, line 2, here 18 2
- 19 Total Credit: Add lines 15 and 17, and enter the total. See page 5 of the instructions if you have to file Arizona
Form 140 or Form 140A 19 468 00

Direct Deposit of Refund: See page 5 of instructions.
ROUTING NUMBER ACCOUNT NUMBER

98

- c ☐ Checking or
s ☐ Savings

If this is your first claim for 2006, STOP HERE AND GO TO THE SIGNATURE BOX ON PAGE 2. If this is
an amended claim, complete lines 20 through 22, and check the box at the top of the form.

AMENDED			
20 Enter the amount from line 5 of the worksheet on page 6 of the instructions 20	20		00
21 Additional refund: If line 19 is larger than line 20, subtract line 20 from line 19 21	21		00
22 Amount to pay: If line 19 is less than line 20, subtract line 19 from line 20. Make check payable to Arizona Department of Revenue; include SSN on payment 22	22		00

		(1)	(2)	(3)	(4)
		YOU	YOUR SPOUSE	OTHER PERSONS	TOTAL (1+2+3)
Part I Schedule of Household Income					
A	Salaries, wages, tips, etc., received in 2006	A 2,000		1,000	3,000
B	Dividend and interest income received in 2006	B 195	195		390
C	Business and farm income	C			
D	Gain or loss from sale or exchange of property	D			
E	Pension and annuity income. Include Arizona state and local retirement benefits, civil service, and military retirement. Do not include social security or railroad retirement benefits	E			
F	Rent and royalty income	F			
G	Partnership, estate, and trust income	G			
H	Alimony	H			
I	Other Income: Specify source on separate sheet	I			
J	Total household income: Add lines A through I in column 4. Enter here and on page 1 of this form, line 10	J			3,390

Use the amount on line J, column 4, to compute your credit from the proper schedule below.

2006 Schedule I				2006 Schedule II			
If you live alone, use this Schedule.				If you live with your spouse or another person, use this Schedule.			
Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit
\$ 0 - 1,750	\$502	\$ 2,751 - 2,850	\$256	\$ 0 - 2,500	\$502	\$ 4,001 - 4,150	\$256
1,751 - 1,850	479	2,851 - 2,950	234	2,501 - 2,650	479	4,151 - 4,300	234
1,851 - 1,950	457	2,951 - 3,050	212	2,651 - 2,800	457	4,301 - 4,450	212
1,951 - 2,050	435	3,051 - 3,150	189	2,801 - 2,950	435	4,451 - 4,600	189
2,051 - 2,150	412	3,151 - 3,250	167	2,951 - 3,100	412	4,601 - 4,750	167
2,151 - 2,250	390	3,251 - 3,350	145	3,101 - 3,250	390	4,751 - 4,900	145
2,251 - 2,350	368	3,351 - 3,450	123	3,251 - 3,400	368	4,901 - 5,050	123
2,351 - 2,450	345	3,451 - 3,550	100	3,401 - 3,550	345	5,051 - 5,200	100
2,451 - 2,550	323	3,551 - 3,650	78	3,551 - 3,700	323	5,201 - 5,350	78
2,551 - 2,650	301	3,651 - 3,750	56	3,701 - 3,850	301	5,351 - 5,500	56
2,651 - 2,750	279	3,751 and up	0	3,851 - 4,000	279	5,501 and up	0

Enter the amount of credit on page 1 of this form, line 11.

Part II Credit for Increased Excise Taxes

Do not complete Part II if you completed line 16 on page 1 of Form 140PTC. Do not complete Part II if you were sentenced for at least 60 days of 2006 to a county, state, or federal prison.

1	List dependents. See page 5 of the instructions.	NO. OF MONTHS LIVED
	FIRST AND LAST NAME	IN YOUR HOME IN 2006
	SOCIAL SECURITY NO.	
	RELATIONSHIP	
1a	Sally Caesar	12
1b	Julius Brutus	06
1c		
2	Enter total number of dependents listed on lines 1a through 1c	2 2
3	If you are married filing a joint claim, enter the number "2" here. Otherwise, enter the number "1"	3 2
4	Add the amount on line 2 and line 3, and enter the total	4 4
5	Multiply the amount on line 4 by \$25, and enter the result	5 100 00
6	Enter the smaller of line 5 or \$100. Also, enter this amount on Form 140PTC, page 1, line 17	6 100 00

PLEASE SIGN HERE

I have read this claim and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-19-2006

worker

DATE

OCCUPATION

SPOUSE'S SIGNATURE

10-19-2006

teacher

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

Smiths Law Firm

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

10-19-2006

1231 Jacobs Avenue, Suite 3

DATE

PAID PREPARER'S ADDRESS

Scottsdale, AZ 85250

Mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

**ARIZONA FORM
201****Renter's Certificate of Property Taxes Paid****2006**

Use Form 201 if you rented in 2006 and are claiming the property tax credit. This certificate shows what portion of your rent money went to pay taxes. Your landlord or designated agent must sign and complete this form in order for you to qualify for your credit. **USE BLACK INK ONLY.**

HOW TO USE THIS FORM**Homeowners:**

1. If you own the home you live in, **do not** use this form.
Homeowners claiming a PTC rebate **must** send a statement of property taxes paid rather than this form. See Form 140PTC instructions.

WARNING: Be sure to have your landlord complete this form well before April 15 or request an extension to protect the credit. Landlords may not have the information immediately available.

Renters Seeking a Tax Rebate on Form 140PTC:

1. Ask your landlord to complete Part I of this form.
2. Complete Part II yourself if you qualify. See instructions.
3. Use this information to fill in your Form 140PTC.
4. Attach this certificate to your Form 140PTC and keep a copy for your tax records.

FIRST NAME AND INITIAL - also give spouse's name and initial

LAST NAME

SOCIAL SECURITY NUMBER

Test J & Cleo P**Caesar****400-00-7512****Part I To be Completed by Your Landlord**

NAME OF LANDLORD

1 Mr Landlord

NUMBER AND STREET ADDRESS

2 123 Main Street

CITY

COUNTY

STATE

ZIP CODE

3 Altamont

BUSINESS NAME OF RENTAL PROPERTY (IF APPLICABLE)

UT**84001****4**

NUMBER AND STREET ADDRESS

5

CITY

COUNTY

STATE

ZIP CODE

6

7 If any of your tenants received rent subsidies in 2006, check this box **7** ☐

8 If the property was exempt from property tax during 2006, check this box **8** ☐

9 If you occupy any portion of the property you rent or lease to others, check this box **9** ☐

10 Enter property tax factor **10** **1.0000**

Signature of Responsible Party:

I declare that I have examined this statement and to the best of my knowledge and belief, it is correct and complete.

11 _____
SIGNATURE OF OWNER, LESSOR, OR MANAGER OF RENTAL PROPERTY

10-19-2006 _____
DATE

12 _____
PRINT OR TYPE NAME OF SIGNING PARTY

OWNER'S OR PROPERTY MANAGER'S PHONE NUMBER
(for verification of information only)

Part II Tenant Claiming Property Tax Credit (must complete Part II)

13 Enter total rents paid in 2006 not including subsidies	13 1,000.00
14 Enter property tax factor from Part I, line 10	14 1.0000
15 Multiply line 13 by line 14. Enter the result here and on Form 140PTC, line 13. This is the amount of rent which constitutes property taxes	15 1,000.00

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 12-3400000				1 Wages, tips, other compensation 2,000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code PART TIME SERVICES 111 Main St Scottsdale AZ 85250				3 Social security wages 2,000		4 Social security tax withheld 124	
				5 Medicare wages and tips 2,000		6 Medicare tax withheld 29	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-7512				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST J CAESAR 15 Ides of March Pkwy Scottsdale AZ 85250				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID no. AZ		16 State wages, tips, etc. 2,000		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax
Statement**

2006

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

**The information on this Form W-2 was used to prepare
the taxpayer's 2005 Federal tax return by Smiths Law Firm.**